

VENDOR/PERSONEL NO \_\_\_\_\_  
DEPARTMENT \_\_\_\_\_  
NAME OF PAYEE \_\_\_\_\_  
PLACE OF RESIDENCE AND ADDRESS \_\_\_\_\_  
COST ASSIGNMENT FOR TRIP: \_\_\_\_\_

OFFICIAL STATION \_\_\_\_\_  
PRIVATE VEHICLE LICENSE NO. \_\_\_\_\_

### INT ORDER

			DETAILED EXPENDITURES OTHER THAN MILEAGE								COST ASSIGNMENT								COST ASSIGNMENT			
DATE	NAME OF TOWN VISITED	DESCRIPTION	COMMON CARRIER	HOTEL ROOM	MEALS	PER DIEM	TAXI	INCIDENT ALS	TELE PHONE	TOTAL PER DAY	COST CENTER	WBS	INT ORDER	FROM	TO	MILEAGE DRIVEN	RATE PER	AMOUNT CLAIMED	COST CENTER	WBS	INT ORDER	
SUB-TOTALS														TOTALS FOR MILEAGE								

INCIDENTALS

(1) Postage (2) Parking Fee (3) Registration Fee (4) Emergency Car Repairs  
(5) Guide Service for the Blind (6) Minor Purchases (7) Meals for State Guests  
and Wards of the State (8) Other (Explain)

## RECAPITULATION

JUSTIFICATION FOR EXCEEDING PER DIEM:

Approved \_\_\_\_\_  
Travel Supervisor

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Signature of Traveler

\_\_\_\_\_

Title

	SUB-TOTAL	_____
<u>06/08/04</u>	MILEAGE CLAIMED	_____
	TOTAL CLAIMED	